DECLARATION FOR UTILITY OR Attorney Docket No. **DURE-038 DESIGN PATENT APPLICATION** Poutiatine, et al. First Named (37 CFR 1.63) Inventor Application Number To Be Assigned **▼**Declaration Filing Date Herewith ☐ Declaration Submitted with Group Art Unit OR Submitted after Initial Unknown **Initial Filing** Filing (surcharge **Examiner Name** Unknown (37 CFR 1.16(e)) required)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CATHETER FEI	ED THROUGH (GUIDE		
The specification of w	hich			
is attached hereto				
. or				,
was filed on 04 D	Dec 2003 as Unit	ed States Application 1	Number or PCT Inter	national Application
Number PCT/US03/3		and was amended on		
I hereby state that I ha including the claims, a I acknowledge the dut 1.56, including for conthe filing date of the prapplication.	is amended by any am y to disclose informati atinuation-in-part appl	endment specifically r ion which is material t ications, material infor	eferred to above. o patentability as def	ined in 37 CFR
I hereby claim foreign application (s) for pate international application listed below and have inventor's or plant breed before that of the application.	ent, inventor's or plant on which designated a also identified below, eder's rights certificat	threeder's rights certify the least one country oth by checking the box, a e(s), or any PCT internation	icate(s), or 365(a) of er than the United Sta any foreign application	any PCT ates of America, on for patent
Prior Foreign	Country	Foreign Filing Date	Priority Not	Certified Conv

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? (Y/N)
PCT/US03/38448	WO	12/04/2003		N
Additional foreign app	lication numbers are lis	ted on a supplemental priority da	ta sheet PTO/SB/0213	attached hereto:

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below.

		<i>₩</i> /
Application Serial No.	Filed	Status (Pending, Abandoned, Patented)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior applications in the manner required by the first paragraph of Title 35, United States Code Section 112, I acknowledge my duty to disclose material information as defined in Title 37 Code of Federal Regulation, Section 1.56(a) which occurred between the filing dates of the prior applications and the national or Patent Cooperation Treaty international Filing date of this application:

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)

DECLARATION- Utility or Design Patent Application

Direct all correspondence	to: 🗵	Customer number Or barcode label	31498		OR Correspondence address below.
Name:					
Address:					
City:		State:		Zip	
Country:		Telephone:		Fax:	
I hereby declare that all statement are believed to be true; and furth made are punishable by fine or in validity of the application or any	ट्टा क्षेत्रच्या क्षेत्रच्या स्टब्स्टर्स	statements were made it, or both, under 18 U.:	with the knowledge the	at willful fa	he statements and the like so
NAME OF SOLE OR	FIRST	INVENTOR	a petition has inventor	s been fil	ed for this unsigned
Given Name			Family Name		
(first and middle [if auy])	Andre	w I,	Or Surname	Pouti	atine
Inventor's Signature		the state of the s	Date 6.	2.05	
Redwood City	CA		US		US
SAN ANSELMO Residence: City	State		Country .		Citizenship
516 Buone Vista Ave.			Country		Cidzensinp
28 SIR FIZAS Malling Address		drake b	LVD		
Redwood City	CA		-94061		US
SAM ANSELAND			94960		
City	State	= 0 T	Zip		Country
NAME OF SECOND	inven.	rok:	a petition has inventor	s been fil	ed for this unsigned
Given Namo			Family Name		
(first and middle (if any))	Jame	es A.	Or Surname	Filice	
Inventor's Signature	Film	هـُ	31 ma303 Date		
Los Gatos	CA		US		US
Residence: City	State		Country		Citizensblp
1555 Elwood Dr.	State		Country		Ciuzensoip
Mailing Address					
Los Gatos	CA		95032		US
City	State		Zip		Country
638		on thesupplems		r(a) Shees(a	s) PTO/SB/02A attached hereto.

Attorney Docket No. **DURE-038** First Named POWER OF ATTORNEY OR Inventor POUTIATINE, et. al. **AUTHORIZATION OF AGENT** Application Number To Be Assigned Filing Date Herewith Group Art Unit Unknown Examiner Name Unknown I hereby appoint: Practitioners at Customer Number 31498 OR☐ Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: X The above-mentioned Customer Number OR ☐ Practitioners at Customer Number _____→ OR Firm or Individual Name Address Address City Country State Telephone Fax. I am the: X Applicant/Inventor Assignee of record of the entire interest. See 37 C.F.R. 3.71. Statement under 37 C.F.R. 3.73(b) is enclosed. (FormPTO/SB/96) SAGNATURE of Applicant or Assignee of Record Name Andrew // Pontiatine Signature NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

forms are submitted.

PTO/SB/81 (05-03)

To Be Assigned

Herewith

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to resoond to a collection of information unless it displays a valid OMB control number. **Application Number**

Filing Date

POWER OF ATTORN	EY OR	First Nar	ned Inventor	POUT	ATINE, et al.
AUTHORIZATION OF	-	Title		CATHETI	ER FEED THROUGH GUIL
AUTHORIZATION OF	AGENT	Art Unit		Unkno	wn
		Examine	er Name	Unkn	
	•	Attorney	Docket Number	DURE	-038
I hereby appoint:					
Practitioners at Customer Number OR	314	98			Place Customer Number Bar Code Label here
Practitioner(s) named below:				L	
Name				Registration I	Number
·					
					
as myleur atternay(s) or agent(s) to proposed	to the englishing	Ideal Code			
as my/our attorney(s) or agent(s) to prosecut Trademark Office connected therewith.	te the application	identified ab	ove, and to transa	ct all business i	in the United States Patent and
The above-mentioned Customer Num OR				4,4	
OR Practitioners at Customer Number. OR			-	→	Place Customer Number Bar Code Label here
The above-mentioned Customer Num OR Practitioners at Customer Number. OR Firm or Individual Name			-		Number Bar Code
The above-mentioned Customer Num OR Practitioners at Customer Number. OR Firm or Individual Name Address					Number Bar Code
The above-mentioned Customer Num OR Practitioners at Customer Number. OR Firm or Individual Name Address Address				-	Number Bar Code
The above-mentioned Customer Num OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City			State	-	Number Bar Code
The above-mentioned Customer Num OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country				-	Number Bar Code Label here
The above-mentioned Customer Num OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone					Number Bar Code Label here
The above-mentioned Customer Num OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interior.	ber.	3.371	State Fax		Number Bar Code Label here
The above-mentioned Customer Num OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor.	erest. See 37 CFFs enclosed. (Form	R 3.71.	State Fax	cord	Number Bar Code Label here
The above-mentioned Customer Num OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire intestatement under 37 CFR 3.73(b) is Name James A. Filice	erest. See 37 CFFs enclosed. (Form	R 3.71.	State Fax	cord	Number Bar Code Label here
The above-mentioned Customer Num OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire inte Statement under 37 CFR 3.73(b) is Name James A. Filice Signature Signature Authorized A. Filice Signature Authorized A. Filippe A. Filip	erest. See 37 CFFs enclosed. (Form	R 3.71.	State Fax	cord	Number Bar Code Label here
The above-mentioned Customer Num OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interview of the Statement under 37 CFR 3.73(b) is Name James A. Filice	erest. See 37 CFF s enclosed. (Form SIGNATURE of	R 3.71.	State Fax	cord	Number Bar Code Label here
The above-mentioned Customer Num OR Practitioners at Customer Number. OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire inte Statement under 37 CFR 3.73(b) is Name James A. Filice Signature James A. Filice	erest. See 37 CFFs enclosed. (Form	R 3.71. PTO/SB/96	State Fax Fax Or Assignee of Re	Telephone	Number Bar Code Label here

This collection of Information is required by 37 CFR 1.31 and 1.33. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.